

Joint Conference Committee Regulatory Affairs Status Report for February 2023 Meeting (includes data from January 14th-31st, 2023)



I. PENDING SURVEYS

Survey	Frequency	Anticipated Timeframe
CMS Outpatient Dialysis Recertification	Annual	Unannounced anytime/ overdue since 2019
CMS 4A Recertification Survey	Annual	Unannounced anytime / overdue since 2021
CMS 4A Fire Life Safety Survey	Annual	Occurs after recertification
CDPH 4A Licensing	Triennial	Unannounced anytime / overdue since 2022
CDPH General Acute Care Hospital Licensing	Triennial	Approaching / 2023
TJC Hospital Accreditation and Nursing Care Center Surveys	Triennial	Approaching / November 7, 2022-May 7, 2023
American College of Surgeon Level 1 Trauma Certification	Triennial	Approaching / June 2023
Baby-Friendly Hospital Status Recertification	5 Year Cycle	Approaching / March 2023

II. COMPLETED SURVEYS

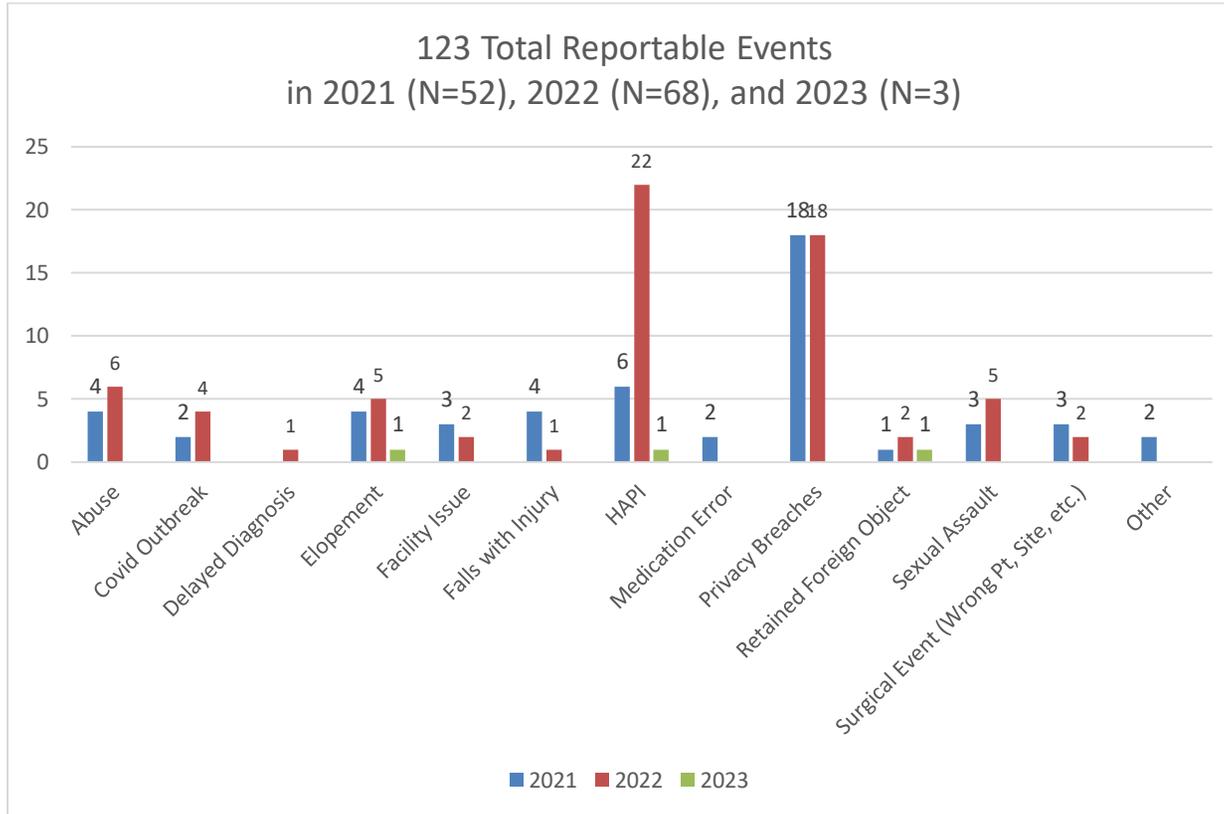
Survey Date	Agency	Location Surveyed	Details
1/19/2023	California Department of Public Health (CDPH)	4A Skilled Nursing Facility	Complaint investigation related to discharge process. Complaint was found to be unsubstantiated.

III. PLANS OF CORRECTION SUBMITTED

Date Received	Agency	Location involved	Details
1/19/2023	California Department of Public Health (CDPH)	H38 Critical Care	HAPI Facility Reported Incident. POC received related to 2 tags: 1) Delayed reporting of event 2) Failure to renew reporting policy

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IV. CDPH CASES – Facility Reported Events



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V. NEW FACILITY REPORTED INCIDENTS (FRI) COMPLAINT: submitted by public FRI: Facility Reported Incident. ABUSE: Long Term Care

3 New Reportable Incidents (1/14-1/31/2023): 1 HAPI, 1 Retained Foreign Object, 1 Elopement

Date Submitted:	Date of Incident	Location	Event Details
1/17/23	1/12/23	4A	Retained Foreign Object
1/18/23	1/13/23	H32	HAPI – Stage III
2/3/23	1/31/23	ED	Elopement

VI. PLAN OF CORRECTION MONITORING DATA

Survey (year) or Event (date of incident)	Finding Requiring Monitoring	Monitoring
FRI: Belmont Rapid Infuser (4.3.21)	Two employees did not have HIPPA/ Confidentiality Training completed in their file	<ul style="list-style-type: none"> ➤ DPH Completion rate as of December is 95.6%. Pending updated completion numbers from UCSF. Ongoing monitoring required.
FRI: HAPI (5.2022)	<p>No evidence MD was notified of the progression of wound to Stage III HAPI</p> <p>No documented evidence patient was notified of the Stage III HAPI once awake/alert (or to designated decision-maker)</p>	<ul style="list-style-type: none"> ➤ Review of 10 medical records over 3 months will meet standards related to timely provider notification and patient disclosure of wound deterioration more than 90% of the time. ➤ Result: 10/10= 100%, formal monitoring requirement met
TJC Hospital Lab Survey (6.2022)	No evidence in the patient record that a critical value was called to the provider.	<ul style="list-style-type: none"> ➤ Reporting tool being developed, and this item will continue to be watched ➤ Next report: May 2023
	Missing competency documentation for separate CLIA licenses.	<ul style="list-style-type: none"> ➤ Training and competency was repeated for the second CLIA lab license; System is now in place to validate competency as checked by the POCT Coordinator or CLS staff before approval and access is given to the appropriate instrument; Records of separate training and competency for the same staff on the same instrument are maintained ➤ Next report: May 2023